

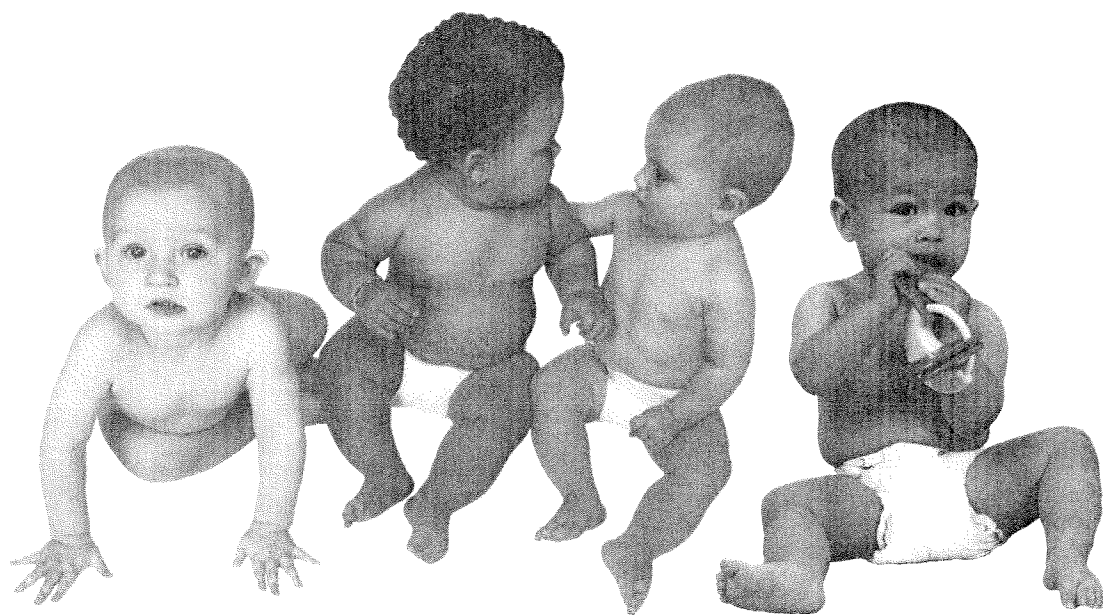
PROVIDER HANDBOOK AND REPORTING INSTRUCTIONS

for Child Care Providers



Michigan Department of
Human Services

PROVIDER HANDBOOK AND REPORTING INSTRUCTIONS for Child Care Providers



MICHIGAN DEPARTMENT OF HUMAN SERVICES

CHILD DEVELOPMENT AND CARE

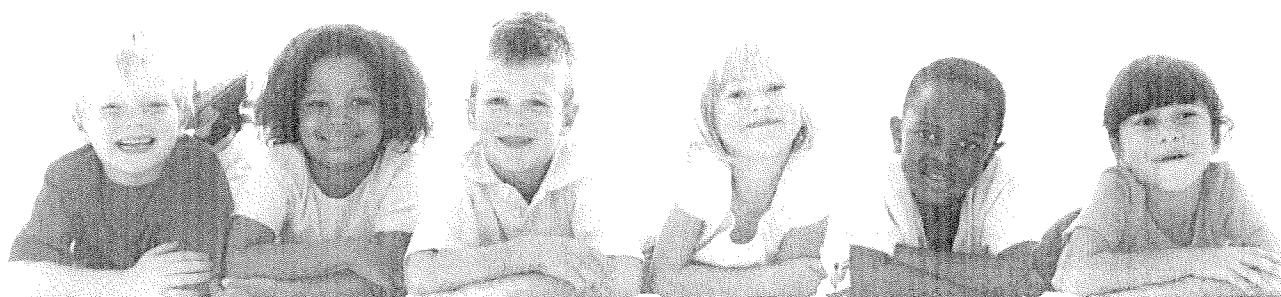
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INTRODUCTION:

This handbook provides information on the Child Development and Care (CDC) Program and reporting procedures for Department of Human Services (DHS) -funded children.

To receive payment for care of DHS-funded children, you must be:

- licensed as a child day care center/group day care home or registered as a family day care home by the State of Michigan, or
- enrolled as a day care aide or relative care provider by DHS.

Call toll free 1-866-685-0006, if you wish to become licensed as a child day care center/group day care home or registered as a family day care home.

ENROLLING TO PROVIDE CHILD CARE AS A DAY CARE AIDE OR RELATIVE CARE PROVIDER:

If you wish to apply to be enrolled as a day care aide or relative care provider, contact your local DHS office. They will provide you with a Day Care Aide/Relative Care Provider Application (DHS-220) for completion.

For the requirements to be enrolled by DHS as a day care aide or relative care provider, see Exhibit C, pages 23 & 24, Day Care Aide/Relative Care Provider Application (DHS-220).

The DHS 220:

- tells us you meet the requirements to provide child care, and
- gives us basic information about you, including where to send payment and/or reporting information, and
- allows us to do a background check.

APPLICATION FOR CHILD DEVELOPMENT AND CARE ASSISTANCE:

Families requesting help with child care costs must submit an application to their local DHS office. DHS determines eligibility for child care services and the amount of financial assistance based on family circumstances.

DHS can only provide help with child care costs for parent(s)/substitute parent(s) during the time that they are participating in one or more of the following approved activities:

- working,
- attending high school completion classes (including GED, ABE, and ESL),
- attending DHS orientation,
- attending compliance test activities,
- participating in Michigan Works! Agency (MWA) or DHS-approved education and other employment preparation programs, or
- participating in a DHS-approved counseling or treatment program for a physical, emotional or mental condition.

DHS will make determinations and send written notices of eligibility on child care applications as soon as basic information is received. Eligibility determinations are made within 45 calendar days.

The family may need to provide additional information to DHS after initial eligibility is determined to remain eligible for CDC payments.

AUTHORIZATION:

Providers are notified by mail of eligibility determinations and the amount of care authorized with a Child Development and Care Certificate/Notice of Authorization (DHS-198). (See Exhibit D on page 26.)

If you do not receive this authorization notice, contact the parent/substitute parent to see if his/her application has been denied, withdrawn or is still pending.

If you have any questions about the information on the authorization notice, first contact the parent/substitute parent. If you have additional questions, contact the Department of Human Services worker listed on the form.

You must keep confidential all information provided to you on the authorization.

The authorization includes:

- the begin date of each child's authorization,

- the Department Pay Percent (DP%). This is the percent at which care is reimbursed. This percent is based on the number of people in the family and gross monthly income. The DP% is applied to the DHS maximum hourly rate or the provider's charge, whichever is less.

- the end date of each child's authorization; if the authorization shows hours other than "000" and the end date shows 99/99/9999, the authorization continues indefinitely until changed; if the authorization period shows hours and DP% as "000," the authorization has been deleted.

The DHS maximum number of hours that can be authorized and paid for one child is 100 hours for a biweekly pay period. The number of hours authorized and paid may be less.

If changes to the authorization are made, a new authorization notice will be sent.

NOTE: You may only report and receive payment from DHS for hours of care that were actually provided, (except as described on page 8) up to the maximum number of hours authorized.

The parent/substitute parent is responsible for payment of child care charges not paid by DHS. He/she is responsible for the cost of any care provided while the parent/substitute parent is not participating in approved activities. (See page 1 for approved activities.)

NOTE: DHS cannot pay for:

- any children not listed on the authorization notice,
- more care than authorized,
- care provided before the begin date or after the end date shown on the authorization notice,
- child care charges above the DHS maximum rate
- child care charges before your provider enrollment begin date or after your enrollment end date, or
- child care expenses paid for by a third party on behalf of the child.

PROVIDER RELATIONSHIP WITH PARENT:

You, as the child care provider, are in a business relationship with the parent. This is an arrangement between you and the parent which may be in writing. Any agreement should cover, at a minimum, how payment will be made, hours of care, charge for care, when payment is expected, and any notice of when care is no longer needed.

Providers set their own rates for child care. This may or may not be more than what DHS pays. The rates you charge for DHS-funded children must not be more than what you charge the general public for child care.

DHS sends payment directly to the provider (or to the parent for day care aides) based on care authorized and reporting information provided. This payment may not represent the total amount due. The parent is responsible for child care charges not paid by DHS, including the cost of child care for activities that are not approved.



ATTENDANCE RECORDS:

You must keep complete and accurate records of **daily** attendance for all DHS-funded children you care for. The records must show the daily care begin time and daily care end time for each child. **You and the parent/substitute parent must certify that the daily attendance records are true and correct. (Both you and the parent/substitute parent should sign the attendance records.)** These attendance records support the hours of care you report. You must retain these attendance records for **four years** from the date of care for auditing purposes. See Exhibit M on page 39 for an example of a daily attendance record. This exhibit may be removed, copied and used for your record keeping.

IMPORTANT: You may be required to return DHS payments if an audit or investigation finds you do not have the required attendance records.

PROVIDER REPORTING:

You must report to DHS the number of hours of care provided to DHS-funded children using the Automated Billing for Child Care System (ABCs). Two options are available to you: telephone reporting or Internet reporting. For either option, you will need to know your provider ID number, pay period number, and personal identification number (PIN) or Internet password in order to report.

We will send you a preprinted DHS-805, Child Development and Care Billing/Reporting Record, that will identify the child(ren) authorized to you at the time the form is printed. This form must be used for telephone reporting and may be helpful to use for Internet reporting. This record must be retained by you for four years for auditing purposes.

INTERNET REPORTING:

Getting started - - - -

- Go to www.michigan.gov/daycare
- Click on "Provider Billing and Payments."
- Under Internet Billing, select "Send Billing Form Over the Internet."
- Select "Getting Started."

Print and complete the DHS-242, Child Development and Care Application for Internet Password. Carefully read the certification section and complete all entries. Sign and date the form if you agree to all of the items in the certification section. For child care centers, group homes and family homes, the signer must be the licensee. For day care aides and relative care providers, the signer must be the provider.

Mail this completed form to Customer Service (see address on form) to request the password you will need when billing using the Internet. Once DHS receives your application, a password will be mailed to you. Allow 5 to 10 business days to receive your password. For centers and homes, the password will be mailed to the licensee.

To receive payment using Internet reporting - - - -

Once you receive your password, you may report to DHS using the Internet. Payment history screens are also available. Go back to the Child Day Care Internet site above to begin the reporting process or to view your payment history.

- Click on "I-Billing" on the right side of the screen.
- Then select "Login to I-billing."
- Type in your provider ID number and your password.
- If you need to change your password, select "Change Password," otherwise, select "Submit."

NOTE: Keep your password secure. The first time you use your DHS-assigned password you will be prompted to change it. Passwords must be exactly six characters long. You can use any letter, number or combination. No spaces or special characters are allowed. If you lose or forget your password, resubmit the DHS-242 for a new password. DHS staff cannot view your password.

When you enter your provider number and your password, the program will display the home screen. Buttons are available to work on or review your billing invoice, to view all payments for the selected pay period and to view the last DHS payment. To work on your attendance report, select the pay period and click the "Work on Billing Invoice" button. A screen will be displayed with information preprinted. See Exhibit E, Internet Billing/Attendance Invoice, on page 27. The children authorized to you for care will be listed along the left side. Enter on the screen form the appropriate child care hours or absences/holiday hours. You can enter the hours of care you provide every day or do this all at once. Any information you enter will be saved as long as you use the buttons on the form (Next Page, Previous Page, etc.) to move within the program. To exit the program without submitting for payment, click on the "Update Exit" button. This button will save your work and check what was entered for errors.

If you do not see a child's name on the screen form, that child is not authorized. Contact the parent/substitute parent and ask him/her to contact his/her worker in the local office to inquire. Authorizations are updated each evening. The day after the authorization is in place, you will see the child's name on the screen form and may report care provided for that child for any authorized pay period.

When you have entered all the hours of care information, the hours will be automatically totaled for you whenever you select a button on the form. Add your charge for care for each child. Please see "Important Reporting Information," page 7, for details about these entries. At the end of a pay period, when all the information has been entered and is correct, go to the last page.

- * Select the check box confirming you are ready to submit the information.
- * Then select "Mail to DHS." This will transmit the information you entered to DHS for payment.
- * Print out a copy of the information for your files.
- * Keep this copy for your records for four years for auditing purposes.

You have 90 days to report for or correct a pay period. For authorizations entered late, the 90-day time limit starts the day the authorization is entered by DHS. To allow for authorizations entered late, pay periods appear on the I-billing screens for at least one year after the pay period ends. However, some of the pay periods that appear on the screens may be too old to process for payment. If an invoice is submitted beyond the 90-day limit, payment will not be issued, and a message will appear on the CH-151, Statement of Payments.



To report for a back pay period or make corrections to a back pay period, select the pay period you wish to work on. If the pay period you need is not shown on the Home Screen, select the Next Page button to get to older pay periods. Children you reported for previously will also appear. If there are no changes for a child, leave the hours and charge for care as they are. If there are changes, enter the correct hours and charge for care. Enter new information on hours and charge for care for any added children. Then click "Mail to DHS" again, and print your copy of the revised report.

"Help" buttons are available on most screens.

If you need additional help, you may call 1-800-444-5364 weekdays, except holidays, during the hours of 7:30 a.m. to 5:15 p.m.

Print and keep a copy of each report you have submitted to DHS via the Internet. You should do this as soon as you submit the report.

TELEPHONE REPORTING:

To receive payment using telephone reporting, call the following toll free number to enter your reporting information:

1-888-779-2775

If your phone is NOT touch-tone, call this voice entry number:

1-888-826-1772

These toll free numbers are generally available 24 hours a day. At the end of the pay period, call in your reporting information. You may not call in prior to 5:00 p.m. on the second Friday of the pay period.

You must complete your call-in reporting by the deadline date, normally by midnight the first Thursday following the end of the pay period, to receive your check on time. The deadline date may be earlier when there are holidays. (See Exhibit L, CDC Payment Schedule, pages 36-38 for a listing of pay period dates, pay period numbers and deadline dates.)

NOTE: If you are authorized to care for more than 30 children (day care centers), you must use Internet Reporting to receive payment. See "Internet Reporting" page 4.

You must complete and sign a DHS-805/805A, Child Development and Care Billing/Reporting Record (Exhibit F pages 28 and 29) and have it handy when you call. The information required for the telephone reporting is on this form, including your provider ID number and the pay period number for which you are reporting. You will be asked for your personal identification number (PIN). You will be prompted with the names of each authorized child, in alphabetical order by last name first. After you hear the prompts, enter the information requested. The information you enter will be repeated to you.

If you do not hear the child's name, that child is not authorized and you may not report care provided to that child. Contact the parent/substitute parent and ask him/her to contact

his/her worker in the local DHS office to inquire. If a child is later authorized, you may report care provided to that child back to the authorized begin date. Be sure to record your hours of care so they can be reported at a later date when authorization occurs.

You will receive a confirmation number once your telephone reporting is complete. Please make a note of this number in the space provided on the DHS-805/805A form.

If you need additional help, you may call 1-888-281-3172 weekdays, except holidays, during the hours of 8:00 a.m. to 5:15 p.m.

IMPORTANT REPORTING INFORMATION:

For each pay period that you report to DHS, you must complete an DHS 805/805A, Child Development and Care Billing/Reporting Record (Exhibit F, pages 28 and 29) or print out your completed Internet Billing/Attendance Invoice (Exhibit E, page 27).

The **DHS-805** is computer generated approximately 9 days prior to the start of the pay period and mailed to you. The names of all children who are authorized on that date, the dates of the reporting period, and your provider ID number are preprinted on the form.

If children are authorized between the time the form was printed and your telephone reporting call, you will hear their names spoken and you may report hours of care provided.

Be sure to write the names of the children and their reported hours of care on the DHS-805.

The **DHS-805A** is used any time you do not have an DHS-805 for the reporting pay period. This may happen if you do not receive your initial DHS-805 form in the mail or when you report again for a back pay period. Complete the DHS-805A in the same manner as the DHS-805, filling in all information. You may obtain DHS-805A forms from the local DHS office or from the Internet using the web address on page 4.

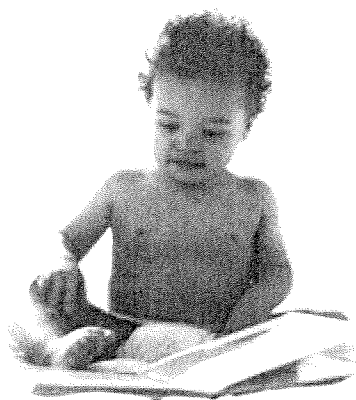
A **provider ID number** is a 7-digit number assigned by DHS to each eligible child care provider. This number is to be used for reporting purposes and is NOT your license number.

Your **personal identification number (PIN)** is an automatically assigned 6-digit number that is mailed to you when you become authorized. Your PIN is used when telephone reporting.

A 6 character **password** is used for security purposes when using the Internet to report. A password will be mailed to you once DHS receives your completed application for Internet reporting password. (See Internet Reporting section, page 4.)

Each **CDC pay period** is two weeks beginning on a Sunday. Each pay period has a unique 3 digit number assigned to it. Use one billing/reporting record for each pay period.

In the box under each day that care was provided, enter the number of **hours of care** that were actually provided. Include parts of hours. (Example: 3.5.) Leave blank any days the child did not attend. Show only those hours of care that you are reporting to DHS. At the end of the pay period, total the number of child care hours provided. (Note: The Internet reporting form will total the hours automatically.)



State of Michigan holidays (Exhibit K, page 35) and **absences due to the child's illness** (not to exceed two consecutive weeks) can be reported if you charge the general public (all clients) for the holiday or absences due to illness, **and** the child normally would be in care that day.

In the box under the day that the holiday or the absence due to the child's illness occurred, enter the number of hours being reported. Include parts of hours. (Example: 3.5) **You may not enter more hours than the child would have normally been in care that day.**

DHS cannot pay, and you may **not** report to DHS, for any other absences, including:

- the hours a child is in school,
- absences for "no shows," such as when children simply fail to attend or leave child care without notice,
- vacation periods of the parent/substitute parent, child or yourself,
- "holding a spot" for a child,
- State of Michigan holidays alone when a child is not in care on any other day during the biweekly (two-week) reporting period,
- continuous absences due to the illness of a child that exceed two consecutive weeks.

Your **charge for care** is the **total** amount you are charging for DHS-approved care, including parent co-payments, for the two-week pay period. Enter this figure, rounded to the nearest dollar, on your reporting form. Do not enter any cents, including zeros. Example: Your hourly charge for care is \$3.00 per hour. This child was in care for 80 hours in the two-week pay period. Enter 240 in the boxes (\$3.00 an hour X 80 hours = \$240).

Remember to:

- Fill out the DHS-805/805A or Internet Billing/Attendance Invoice as soon as the last child leaves your care on the last day of the pay period.
- Call in your reporting information to DHS' Automated Billing for Child Care System (ABC's) or submit your report electronically to DHS using the Internet.
- Report within 90 days of providing the care. For authorizations entered late, the 90-day time limit starts the day the authorization is entered by DHS. Payment will **not** be made after 90 days.
- Keep the DHS-805/805A or a printed copy of the Internet Billing/Attendance Invoice for your records and audit purposes for four years.

DHS PAYMENT CALCULATION:

DHS pays a portion of the cost of child care for income eligible families. This portion is known as the Department Pay Percent (DP%). The DP% varies from 70% to 95%. It is your responsibility to collect the difference between what DHS pays and what the family owes. DHS will not pay the family's share of the child care payment.

Payment amounts are calculated by:

- Dividing your charge for the pay period by the lesser of the number of hours authorized or the number of hours reported. DHS compares this amount to the DHS maximum hourly rate and uses whichever is less.
- Multiplying this amount by the authorized or reported hours, whichever is less, and
- Multiplying the result by the DP%.

DHS RATES:

DHS allows payment at the same rate you charge the general public (including any discounts), up to the maximum hourly amount. DHS' hourly rates (Exhibit G, page 30) are based on the type of provider, area of the state (Exhibit H, page 31) in which the care is provided, and the age of the child.

Infant/toddler incentive payments have been authorized by the Michigan Legislature for care provided to DHS-funded children under 2 1/2 years old. These incentives increase hourly rates and have been approved at least through September 30, 2005. Infant/toddler incentive payments (Exhibit G, page 30) are based on the type of provider and the area of the state (Exhibit H, page 31) in which care is provided. Child day care centers, group and family homes are eligible to receive infant/toddler incentive payments. Day care aides and relative care providers who have completed 16 hours of training in basic child care skills are also eligible to receive infant/toddler incentive payments. (See Community Coordinated Child Care (4C) Services, page 14, for information about how to complete the training.)

PAYMENT:

Payments are mailed from the Michigan Department of Treasury directly to you, or to the parent/substitute parent if you are a day care aide. Payments for care provided by day care aides are issued as single-party checks in the name of the parent/substitute parent. The parent/substitute parent is responsible for paying the day care aide. Payments cover a bi-weekly pay period.

Checks go out every two weeks. However, delays can and do occur. Holidays will interrupt mail delivery and will reduce the number of workdays available to process reports and payments. The tentative check dates listed on the CDC Payment Schedule (Exhibit L on pages 36-38) are the dates you can expect to receive a check **IF** you report by the deadline.

Reports called in or submitted electronically after the reporting due date, but within seven days of that due date, will be processed the following week.

You will receive the CDC Statement of Payments (CH-151), (see Exhibit I on page 32), which gives a detailed explanation of your payment and a description of any error(s). Keep the Statement of Payments for your records and audit purposes for **four years**.

NOTE: If you are a day care aide you are employed by the parent of the child and are considered to be a household employee under federal law. The parent is required under the Fair Labor Standards Act to, among other things, pay the employer's share of any employers taxes that need to be paid, such as Social Security, Federal Insurance Contribution Act (FICA) and Federal Unemployment Tax Act (FUTA) taxes. They are also required to provide you with a W-2 form at the end of the year for use in filing your income taxes.

STATEMENT OF PAYMENTS:

The CDC Statement of Payments, CH-151, (See Exhibit I on page 32) provides you with a detailed report of all payment information, i.e., adjustments, errors, payments made and late reports, for the pay period date. Information provided on the statement follows:

1. **PROV. PG**
The number of pages in the statement.
2. **NAME AND ADDRESS**
Your name and address.
3. **VOUCHER NO**
Temporary number assigned by DHS.
4. **VOUCHER DATE**
The date of the check.
5. **PROVIDER ID NO.**
The 7-digit number assigned to you by DHS to be used when reporting.
6. **PAYMENT PERIOD**
The two-week period in which the payment was processed.
7. **PAY PERIOD NO**
The pay period number of the reporting period during which payment was processed.
8. **CHILD'S NAME**
The name of the child for which payment has been requested.
9. **CHILD'S ID NO**
The child's 8-digit identification number.
10. **CASE NO**
The DHS case number assigned to the child's family.



11. **WORKER NUMBER**
The caseload number of the DHS worker assigned to the case.
12. **PAY PERIOD**
The pay period begin and end dates for which payment was requested.
13. **HOURS AUTH**
The total number of hours authorized by DHS for this pay period.
14. **HOURS BILL**
The number of hours you reported for this pay period.
15. **HOURS PAID**
The total number of hours paid by DHS.
16. **CHARGE FOR CARE**
The amount reported by you for the child for the pay period.
17. **DP %**
Department Pay % of the hourly rate paid by DHS.
18. **AMOUNT**
The total amount paid by DHS for the child for the pay period.
19. **ERROR DESCRIPTION**
A description of any adjustments to previous reports, payments for late reports, and processing errors. See Exhibit J on pages 33 & 34 for the messages that may be printed. Explanations describe the corrective action you should take.
20. **DOCUMENT NUMBER**
The number DHS assigns to a specific report to help locate information if you call DHS Customer Service Unit with questions.
21. **TOTAL DHS PAY**
The amount of the check paid by DHS and issued by the Department of Treasury or deposited to your bank account through Electronic Funds Transfer.



If you receive a CDC Statement of Payments for a child you did not care for, you must contact your local DHS office.

Keep the CDC Statement of Payments with your DHS-805/805A or the copy of your Internet Billing/Attendance Invoice for reference for audit purposes for **four years**.

QUESTIONS ABOUT REPORTING OR PAYMENTS:

If you have questions about the DHS-805/805A or telephone reporting call:

1-888-281-3172 (toll-free) or fax: 517-335-6054

weekdays, except holidays, during the hours of 8:00 a.m. to 5:15 p.m.

If you have questions about your check, Statement of Payments, or Internet Reporting, call the Customer Service Unit at:

1-800-444-5364 (or fax: 517-335-6054)

weekdays, except holidays, during the hours of 7:30 a.m. to 5:15 p.m.

UNDERPAYMENTS:

If the biweekly charge for care or number of hours was incorrect when you originally called in your report or submitted your report electronically and this resulted in an underpayment, you may report again for that pay period.

When calling in or submitting your correction electronically (i.e. change in hours or charge for care reported) to your original report, **report the correct biweekly charge** for care and the **correct number of hours** that should have originally been reported. DHS will calculate the difference between the corrected report and the original report. A supplemental payment will be issued for the amount of the underpayment.

Remember to enter the hours and dollars exactly as they should have been initially. A common error when correcting/revising reports is to enter only the additional hours or dollars.

OVERPAYMENTS:

You and the parent/substitute parent are responsible for giving correct information to DHS. Receiving payment for care that was not provided will result in a provider overpayment. **Any overpayments must be immediately reported to the DHS worker who handles the parent's/substitute parent's CDC case.**

If you believe an overpayment occurred because of reporting too many care hours, or reporting an incorrect charge for care, correct your report using either the telephone or Internet reporting systems. Enter a corrected report for each pay period in which the error occurred. If the correction results in a lower payment than was initially issued, the DHS will mail you a statement showing your overpayment balance.

Return overpayments to:

State of Michigan
Department of Human Services
PO Box 30037
Lansing, MI 48909-9972
Attention: CDC Reconciliation and Recoupment

Make checks payable to "State of Michigan." Include the following information with your check:

Parent's name
Case number
Child's name
Child's recipient ID number

Provider's name and address
Provider ID number
Pay period dates of overpayment
Reason for overpayment

In addition to accepting lump sum payments, DHS may recoup overpayments by withholding 20% from future day care provider payments. If necessary, you may contact the Reconciliation and Recoupment Section to arrange a monthly installment repayment plan. Overpayment balances may also be referred to the Department of Treasury for collection.

Providing false information to the DHS or reporting hours of care not provided:

- may constitute fraud,
- may be referred to the Office of Inspector General for investigation, and
- could result in civil or criminal prosecution, conviction, fines, and/or imprisonment.

RECORD RETENTION:

The following records must be maintained for four years from receipt or date of care, whichever is later:

- Child Development and Care Certificate/Notice of Authorization (DHS-198) received for each DHS-funded child
 - Child Development and Care Billing/Reporting Records (DHS-805/805A) for all reports done using the telephone (must include your signature, child care hours, and your charge for care for each DHS-funded child(ren))
 - Copy of your Internet Billing/Attendance Invoice for all reports done using the Internet
 - CDC Statement of Payments (CH-151) received for each pay period you reported hours of care for DHS-funded child(ren)
 - Copies of correspondence with DHS regarding any returned overpayments
- Daily attendance records (see page 3)

IRS REPORTING:

DHS reports to the Internal Revenue Service (IRS) payments made to child care providers. IRS Form 1099-MISC is mailed to providers by early February. Day care aides and the parent/substitute parent of the child in care are mailed an Annual Statement of all DHS payments made. This statement also arrives by early February.

DIRECT DEPOSIT:

All providers, except day care aides, may sign up to have DHS child care payments sent directly to their bank accounts through Electronic Funds Transfer (EFT). To sign up, go to the following web address:

www.cpexpress.state.mi.us



Select "day care," then click on "Provider Billing and Payments". Then select "Register to Receive Payments Electronically" and follow the instructions.

If you have questions or need help with this process, call the Department of Management and Budget, Office of Financial Management at this toll-free number:

1-888-734-9749

REPORTING CHANGES:

As part of the billing/reporting requirements, DHS-enrolled day care aides and relative care providers must report the following changes to the local DHS office within 10 calendar days of occurrence:

- ☐ A change in address.
- ☐ A change in where care is provided.
- ☐ If you stop providing care for any DHS-funded child.

If you are a relative care provider, you must also report to the local DHS office any change in the adults living in your household.

COMMUNITY COORDINATED CHILD CARE (4C) SERVICES:

4C agencies (See Exhibit A on pages 16-19) serve all of Michigan's 83 counties, and are a valuable resource to parents and child care providers. Each agency provides the following services:

Child Care Referrals

Local 4Cs maintain a database of all regulated child care providers which is used to generate child care referrals. In most cases, five providers appropriate to the family's needs are identified and a list of these providers is given to the parents for use in their search for child care.

Child Care Resource Coordination, Recruitment and Provider Support

4C agencies provide information and support to current and potential child care providers. They also conduct periodic community child care needs assessments and recruit new child care providers based on identified community needs.

Outreach

4C agencies provide information and support to the general public on topics related to child care resources, including information on types of child care services in the community, available 4C services, and how to choose quality child care.

Professional Development (Training & Education) for Providers

Child care providers may want either training offered by Michigan 4C Association regional offices (Michigan Child Care Futures) or classes offered at community colleges and

universities (T.E.A.C.H.). Many choose a combination of both, since both can lead to a CDA (Child Development Associate) credential.

Michigan Child Care Futures classes are offered by the 15 regional 4C offices and may count for credit at many Michigan community colleges.

NOTE: DHS enrolled day care aides and relative care providers may be eligible to receive a one time \$150 incentive payment upon completing 16 hours of child care training.

Call 1-866-4CHILDCARE (1-866-424-4532) for training schedules.

T.E.A.C.H. (Teacher Education And Compensation Helps) Early Childhood® Michigan is a scholarship program for providers working in a licensed or regulated early childhood program in Michigan. This program helps cover a portion of tuition and books, provides a travel stipend, offers a release time stipend and a bonus for continued professional development. This program requires that providers continue to work at their sponsoring program or home program in the early childhood field. Scholarships are available for associate or bachelor degrees in Early Childhood Education or Child Development and to help cover the cost of the CDA assessment fee.

Call 1-866-MITEACH (1-866-648-3224) or visit www.mi4c.org/teach for more information.

Financial Incentives and Support for Obtaining Accreditation and Training

Call 1-800-950-4171 or visit www.mi4c.org for more information.

EQUIP (Enhanced Quality Improvement Program) Grants

Direct grants to child care centers, group and family homes for projects which enhance the quality of child care services or increase capacity.

Call 1-800-950-4171 or visit www.mi4c.org for more information.

In addition to these services, many 4C agencies provide services funded through other sources. These services differ to best suit the needs of the communities served by the 4C agency.

Contact your local 4C office at the following toll-free number for additional information on any of its services:

1-866-4CHILDCARE
(1-866-424-4532)

CHILD AND ADULT CARE FOOD PROGRAM:

The Michigan Department of Education (MDE) administers the Child and Adult Care Food Program. Under this federal program, child day care centers, group and family day care homes can receive help with the cost of meals and snacks provided to children. The charts in Exhibit B on pages 20-22 identify the major program requirements and benefits.

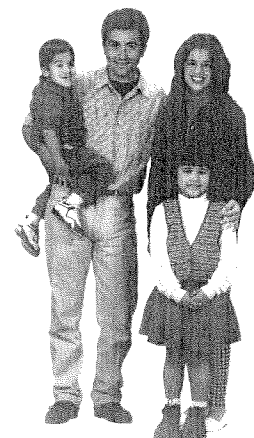


EXHIBIT A

4C AGENCIES

1-866-4CHILDCARE
(1-866-424-4532)

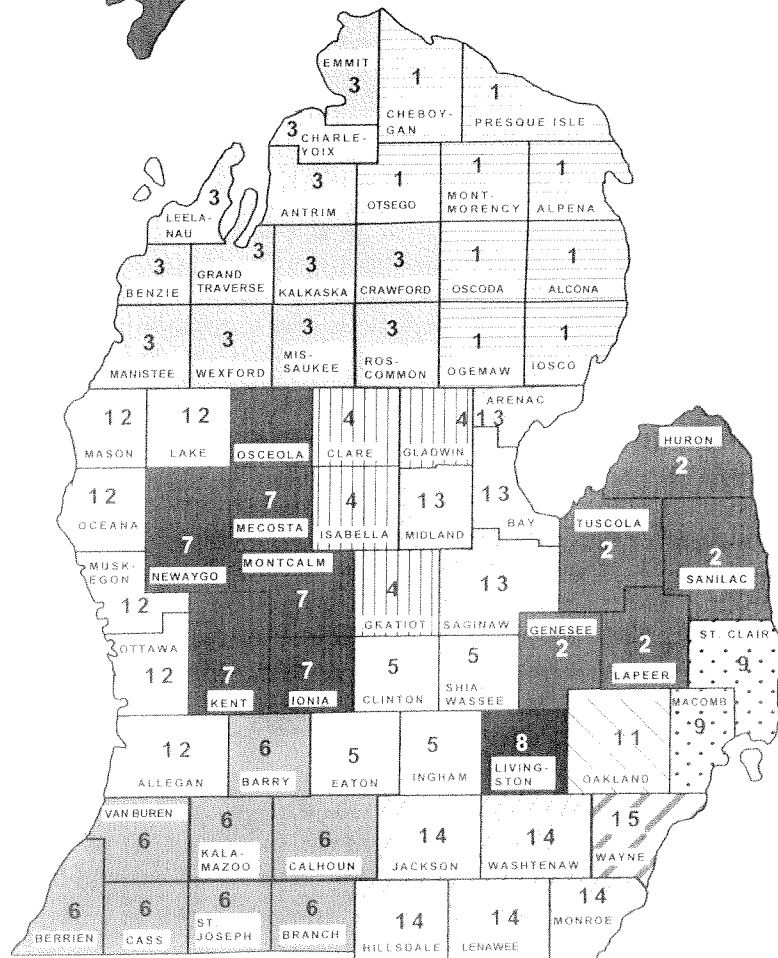
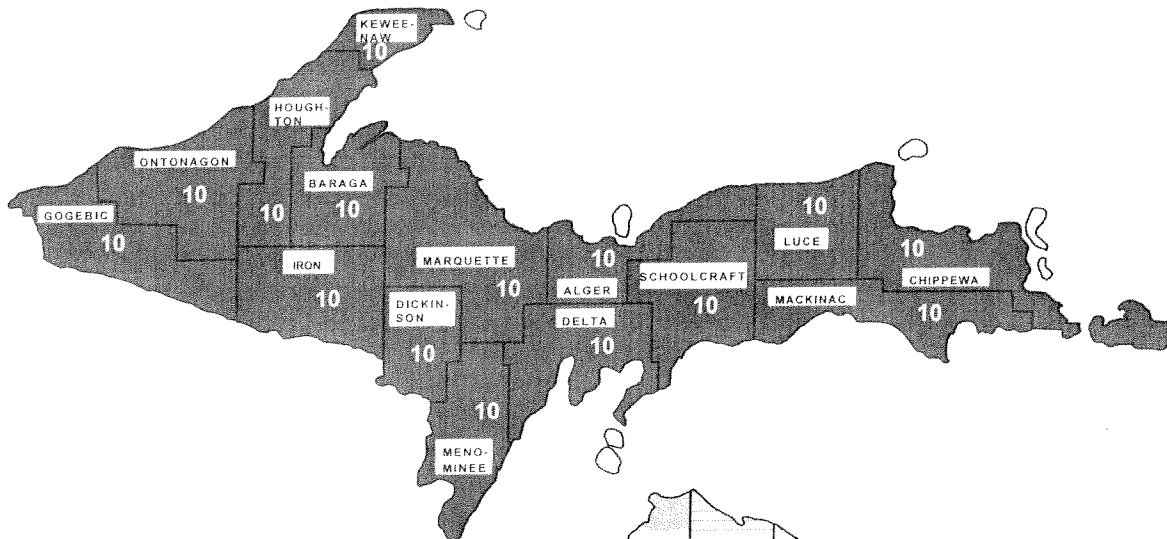


EXHIBIT A (Continued)

4C AGENCIES

4C AGENCIES

COUNTIES SERVED

1. **Child and Family Services
Northeast Michigan 4C**
P.O. Box 516
1044 US 23 N
Alpena, MI 49707
Director: Jessica Gillard
Phone: 989-354-8089 or
1-800-257-9907

Alcona, Alpena, Cheboygan,
Iosco, Montmorency, Ogemaw,
Oscoda, Otsego, Presque Isle

www.4c-ne.com
2. **4C Child Care Unlimited**
1401 S. Grand Traverse
Red Cross Building, 2nd Floor
Flint, MI 48503
Director: Mary Ann Ketels
Phone: 810-232-0145 or
1-800-527-2182

Genesee, Huron, Lapeer,
Sanilac, Tuscola

www.flint4c.org
3. **Child Care Connections
Northwest Michigan 4C**
720 S. Elmwood, Suite 4
Traverse City, MI 49684
Director: Pamela Ward
Phone: 231-941-7767 or
1-800-968-4228

Antrim, Benzie, Charlevoix,
Crawford, Emmet, Grand
Traverse, Kalkaska, Leelanau,
Manistee, Missaukee,
Roscommon, Wexford

www.nwmi4c.org
4. **Child Advocacy 4C of Central
Michigan**
150 W. Center Street
Alma, MI 48801
Director: Renee Shaver
Phone: 989-463-1422 or
1-800-552-4489

Clare, Gladwin, Gratiot,
Isabella

www.linkforfamilies.org
5. **Office for Young Children
Ingham Regional 4C**
P.O. Box 30161
5303 S. Cedar Street
Lansing, MI 48909
Director: Ken Sperber
Phone: 517-887-4319 or
1-800-234-6996

Clinton, Eaton, Ingham,
Shiawassee

www.ingham.org/hd/oyc

EXHIBIT A (Continued)

4C AGENCIES

4C AGENCIES

COUNTIES SERVED

- | | |
|--|--|
| <p>6. Child Care Resources
Kalamazoo Regional 4C
3304 Mindi Lane
Kalamazoo, MI 49001
Director: Ella Fabel-Ryder
Phone: 269-349-3296 or
1-800-343-3470</p> <p>7. Kent Regional 4C
233 East Fulton, Suite 107
Grand Rapids, MI 49503
Director: Deb VanderMolen
Phone: 616-451-8281 or
1-800-448-6995</p> <p>8. Livingston County 4C Council
2710 East Grand River, Suite 6
Howell, MI 48843
Director: Linda Herbert
Phone: 517-548-9112 or
1-800-260-0202</p> <p>9. Macomb/St. Clair 4C
21885 Dunham Road, Suite 12
Clinton Township, MI 48036
Director: Marilyn Rudzinski
Phone: 586-469-6993 or
1-800-621-8661</p> <p>10. 4C of the Upper Peninsula
104 Coles Drive, Suite F
Marquette, MI 49855
Director: Kay Taylor
Phone: 906-228-3362 or
1-800-541-5437 (UP only)</p> | <p>Barry, Berrien, Branch, Calhoun,
Cass, Kalamazoo, St. Joseph,
Van Buren</p> <p>http://workfamilysolutions.com</p> <p>Ionia, Kent, Mecosta, Montcalm,
Newaygo, Osceola</p> <p>www.4cchildcare.org</p> <p>Livingston</p> <p>www.childcare4c.com</p> <p>Macomb, St. Clair</p> <p>http://macombcountymi.gov/
msuextension/4c_index.asp</p> <p>Alger, Baraga, Chippewa, Delta,
Dickinson, Gogebic, Houghton,
Iron, Keweenaw, Luce, Mackinac,
Marquette, Menominee, Ontonagon,
Schoolcraft</p> <p>www.4C-up.com</p> |
|--|--|

EXHIBIT A (Continued)

4C AGENCIES

- | 4C AGENCIES | | COUNTIES SERVED |
|-------------|--|---|
| 11. | Oakland County Child Care Council
2111 Cass Lake Road, Suite 104
Keego Harbor, MI 48320
Director: Susan Allen
Phone: 248-681-9192 or
1-877-487-1200 | Oakland

www.oaklandchildcare.org |
| 12. | Children's Resource Network
Ottawa Regional 4C
710 Chicago Drive,
Suites 250 & 260
Holland, MI 49423
Director: Jim Welsh
Phone: 616-396-8151 or
1-800-332-5049

Muskegon Office
Phone: 231-728-7152 or
1-800-882-5213 | Allegan, Ottawa

Lake, Mason, Muskegon,
Oceana
www.crn.nu/ |
| 13. | Saginaw Valley Regional 4C
Maple Ridge Resource Center
5560 Gratiot Road, Suite B
Saginaw, MI 48603
Director: Kendra Curtiss
Phone: 989-497-0680 or
1-866-424-4532 | Arenac, Bay, Midland, Saginaw

www.svr4c.org |
| 14. | Child Care Network/
Washtenaw Regional 4C
3060 Packard, Suite G
Ann Arbor, MI 48108
Director: Jennie McAlpine
Phone: 734-975-1840 or
1-800-777-2861 | Hillsdale, Jackson, Lenawee,
Monroe, Washtenaw

www.childcarenetwork.org |
| 15. | Detroit/Wayne County 4C
2151 E. Jefferson, Suite 250
Detroit, MI 48207
Director: Carole Quarterman
Phone: 313-259-4411 or
1-800-722-6345

Western Wayne
Phone: 248-477-5030 | Wayne

http://comnet.org/local/orgs/4C/ |

EXHIBIT B

CHILD AND ADULT CARE FOOD PROGRAM

FOR LICENSED CENTERS	FOR REGISTERED AND LICENSED HOMES
Qualifying Prerequisites	Qualifying Prerequisites
<ol style="list-style-type: none"> 1. The child care center must be public or private and non-profit under the Internal Revenue Service Code of 1986. For-profit centers may participate if at least 25% of the enrollment or capacity, whichever is less, receive Title XX compensation or are eligible for free or reduced price meals. 2. A nonresidential child care institution or emergency shelter serving homeless families with children 3. Licensed for child day care by the State of Michigan or by a United States Military Installation 	<ol style="list-style-type: none"> 1. Registered or licensed by State of Michigan or licensed by a US Military Installation 2. Participate through an "umbrella sponsor" which is: <ol style="list-style-type: none"> a. Michigan Department of Education approved b. Public or private and non-profit under the Internal Revenue Service Code of 1986
Major Recordkeeping Requirements	Recordkeeping Requirements
<ol style="list-style-type: none"> 1. Number of meals/snacks served to children by type (breakfasts, snacks, lunches and suppers) and category of child's family size and income (A, B or C). A maximum of two meals and one snack or one meal and two snacks per child per day may be reimbursed for children in care regardless of the length of time a child is in care. 2. Number of meals/snacks served by type to program and non-program adults 3. Food service program operating costs and income 4. List of foods served at all meals and snacks (menus) 5. Household Income Eligibility Statements for children claimed in Category A and B 6. Enrollment data for all children claimed 	<p>At a minimum, the following records must be maintained by participating homes. This list is not all inclusive.</p> <ul style="list-style-type: none"> • CACFP Home Application • Provider/Sponsoring Organization Agreement • Child enrollment forms • Menu record: list of foods served at all meals and snacks • Meal attendance records: number of meals/snacks served to enrolled children by meal type (breakfast, lunch, supper, snacks) • Household Income Eligibility Statements for providers who are eligible to claim their own children

EXHIBIT B (Continued)

CHILD AND ADULT CARE FOOD PROGRAM


REIMBURSEMENT RATES (ADJUSTED ANNUALLY)

July 1, 2004 - June 30, 2005

FOR LICENSED CENTERS				FOR REGISTERED AND LICENSED HOMES			
Meal Types		Reimbursement Rates		Meal Types		Reimbursement Rates	
		A	B	C		Established Rate*	
						Tier I	Tier II
	Breakfast	\$1.23	\$.93	\$.23	Breakfast	\$ 1.04	\$.39
	Lunch	\$2.24	\$1.84	\$.21	Lunch	\$1.92	\$1.16
	Supper	\$2.24	\$1.84	\$.21	Supper	\$1.92	\$1.16
	Snack	\$.61	\$.30	\$.05	Snack	\$.57	\$.15
						*No A B C Categories	
<p>Categories A, B, and C are based on the size and income of each child's household. For example, a Center or Outside School Hours Center receives \$2.24 reimbursement for a needy (A) child's lunch or supper; \$1.84 reimbursement for a less needy (B) child's lunch or supper; and \$.21 for a more affluent (C) child's lunch or supper.</p> <p>In addition to reimbursement, \$.1725 is paid for each lunch and supper served. This money is provided instead of agriculture commodities. It is called Cash-in-Lieu of Commodities.</p> <p>The Child and Adult Care Food Program is performance funded, i.e., reimbursement is available to all who qualify.</p> <p>Meals and snacks must meet meal pattern requirements established by the USDA to be eligible for reimbursement.</p> <p>An average child care center serving thirty (30) children could receive \$400 to \$2,500 per month in reimbursement.</p>				<p>Reimbursement rates are based on the provider's classification as either a Tier I or Tier II home.</p> <p>A Tier I home is a day care home located in a low income area or a day care home whose provider's household is low income.</p> <p>A Tier II home is a day care home not eligible as a Tier I home. Providers in Tier II homes may be eligible for Tier I rates for meals and snacks served to children from low income families.</p> <p>The CACFP sponsor determines the classification of the provider's home.</p> <p>An average family day care home serving five (5) children could receive \$100 to \$800 per month in reimbursement.</p>			

EXHIBIT B (Continued)

CHILD AND ADULT CARE FOOD PROGRAM

FOR LICENSED CENTERS	FOR REGISTERED AND LICENSED HOMES
Eligible Children	Eligible Children
Reimbursement is provided for meals and snacks meeting Child and Adult Care Food Program requirements served to enrolled children 0-12 years old, migrant children 0-15 years old, homeless children 0 -18 years old, children in eligible at risk after-school programs 0 - 19, and all handicapped children regardless of age.	Reimbursement is provided for meals and snacks meeting Child and Adult Care Food Program requirements served to enrolled children 0-12 years old, migrant children 0-15 years old, and all handicapped children regardless of age. The provider's own children and foster children may be eligible if they are enrolled, are income eligible, and at least one day care child is present and claimed.
How to Apply	How to Apply
<p>For more information contact:</p> <p>Child and Adult Care Food Program Michigan Department of Education P.O. Box 30008 Lansing, Michigan 48909 (517) 373-7391</p> 	<p>Contact a sponsoring organization that serves your county:</p> <p>Association For Child Development, P.O. Box 1491, East Lansing 48826-1491, (517) 332-7200, Cathleen Logan (all counties)</p> <p>Detroit Urban League, 15770 James Couzens, Detroit 48238, (313) 863-0300 Ext. 237, Nancy Newkirk (Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne Counties)</p> <p>Eastminster Community Concerns, 690 N. Hagadorn, East Lansing 48823, (517) 351-6228, Mary Ellen Brown (Clinton, Eaton, Ingham, Livingston and Shiawassee Counties)</p> <p>Grand Rapids Urban League, 745 Eastern Avenue, S.E., Grand Rapids 49503, (616) 245-2207 Ext. 28 or 1-800-842-1118, Brenda Garrison (Allegan, Barry, Berrien, Branch, Calhoun, Cass, Eaton, Ionia, Kalamazoo, Kent, Macomb, Muskegon, Newaygo, Oakland, Ottawa, St. Clair, St. Joseph, Van Buren and Wayne Counties)</p> <p>Kent Regional 4C, 233 E. Fulton, Suite 107, Grand Rapids 49503, (616) 451-8281 or 1-800-448-6995, Shelley Vondale (Allegan, Barry, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola and Ottawa Counties)</p> <p>Mid-Michigan Child Care Centers, 305 S. Third Street, P.O. Box 610, Freeland 48623, (989) 695-2683 or 1-800-742-3663, Robin Paul (all counties)</p> <p>Northwest Michigan 4C Council, 720 S. Elmwood #4, Traverse City 49684, (231) 941-7767 or 1-800-968-4228, Pam Ward (Antrim, Benzie, Charlevoix, Crawford, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Osceola, Otsego, Roscommon, and Wexford Counties)</p> <p>Saginaw County Community Action Committee, 1443 East Genesee, P.O. Box 3224, Saginaw 48605, (989) 752-2193, Margarette Stephens (Bay, Midland, Saginaw, Shiawassee, and Tuscola Counties)</p>

The Child Nutrition Programs are open to all eligible children regardless of race, color, national origin, sex, age or disability.

EXHIBIT C

DHS-220



DAY CARE AIDE/ RELATIVE CARE PROVIDER APPLICATION State of Michigan Department of Human Services (DHS)

INSTRUCTIONS TO PROVIDER:

- Read all pages.
- If there is no name entered in the "Grantee Name" box in the top right corner of this form, enter the name of the parent/substitute parent whose child(ren) is in your care.
- Complete Sections I & II. Relative care providers must also complete Section III.
- Sign and date the form in Section IV.
- **Attach proof of your identity, age and Social Security Number.**
- DHS must receive this form within 21 days of your signature along with proof of your identity, age and Social Security Number.
- You will be sent a DHS-4807, Notice of Child Development and Care (CDC) Provider Eligibility, and DHS Pub-230, Provider Handbook and Reporting Instructions for Child Care Providers.
- You will be sent a DHS-198, Child Development and Care Certificate/Notice of Authorization, indicating whether or not the child(ren) in your care has been authorized to receive subsidy payments.

Grantee Name					
Grantee ID				Case Number	
County	District	Section	Unit	Specialist	Date
Specialist Name					
Local DHS Office				Telephone Number	
Local Office Address (Street Number and Name)					
City				State	Zip Code

The original DHS-220 is to be filed in the local office central provider file.

SECTION I

Where will you provide the child care? <input type="checkbox"/> HOME WHERE CHILD LIVES <input type="checkbox"/> MY HOME		Do you live with the child(ren) in care? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, you may <u>only</u> apply to be a day care aide.	
I am applying to be a <input type="checkbox"/> DAY CARE AIDE or <input type="checkbox"/> RELATIVE CARE PROVIDER			
As a day care aide, I understand that: - I must provide the care in the home where the child lives. - I may be related to the child.		As a relative care provider, I understand that: - I must be an adult and a grandparent/step-grandparent, great-grandparent/step-great-grandparent, aunt/step-aunt, uncle/step-uncle or sibling/step-sibling of all children in care. - I must provide the care in my home and not the home where the child lives. - I must live in Michigan and not in the same home as the child.	

If you do not meet the requirements for either provider type listed above, do not complete this form.

SECTION II

Name (Last, First, Middle)			Former/Maiden Name		
Date of Birth	Sex	Social Security #	Driver's License #		
Address (Number and Street, Apt. No.)			City	State	Zip Code County
Have you ever provided child care services for DHS subsidy eligible children? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes) ▶			Provider ID Number		Telephone Number ()
Have you ever had your child care center/group home license or family home registration suspended or revoked? <input type="checkbox"/> NO <input type="checkbox"/> YES					
Do you receive any other reimbursement for child care that you provide? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, from whom?)			Do you receive DHS payment for providing Adult Home Help Services? <input type="checkbox"/> NO <input type="checkbox"/> Yes (If yes, for whom?)		
DHS will complete background checks. If you do not want background checks done, you should not apply.					
Have you ever been convicted of a crime? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes) ▶			Was the crime a felony? <input type="checkbox"/> NO <input type="checkbox"/> YES		
If you answered "yes" to the previous question, describe all felonies:					

SECTION III: (Relative Care Providers Only)

Are you related to all of the children you plan to care for in your home? If no, or if not related as indicated below, you do not qualify to be a relative care provider.					
<input type="checkbox"/> NO	<input type="checkbox"/> Grandparent/step-grandparent	<input type="checkbox"/> Uncle/step-uncle	<input type="checkbox"/> Sibling/step-sibling		
<input type="checkbox"/> YES (If yes, how are you related?) ▶	<input type="checkbox"/> Great-grandparent/step-great-grandparent	<input type="checkbox"/> Aunt/step-aunt			
If you are applying to be a relative care provider, list all adults (18 or older) who live in your home: (Attach additional sheet if necessary.)					
Name	Maiden & Other Names Used	Date of Birth	Sex	Social Security #	Driver's License #

DISTRIBUTION:

Original - Pages 1 and 2, Local office central provider file
Page 3 - Provider

Go to page 2 ▶

EXHIBIT C (Continued)

DHS-220

SECTION IV

PROVIDER CERTIFICATION

I certify that:

- All information I have given is true and accurate to the best of my knowledge.
- I have read, I understand, and I meet all enrollment requirements listed in Section V and have retained a copy.
- I understand that the Department will complete background checks to determine:
 - If I, and/or any adult (18 or older) member of my household if I am applying to be a relative care provider, am a person responsible for the neglect or abuse of children in a substantiated Children's Protective Service case, and
 - If I have been convicted of certain crimes.
- I understand that my enrollment will be denied, revoked or terminated if either of the above is confirmed.
- I understand that I will not be authorized to care for subsidy eligible children if my provider enrollment is denied, revoked or terminated.
- I understand that if I have misrepresented my circumstances, or if I fail to meet the conditions as stated in Section V, or fail to abide by the requirements as stated in Section V, the Department may deny or revoke/terminate my enrollment as a day care aide and/or relative care provider.
- I understand that if I have been overpaid for any reason, the extra payments received must be repaid, and future payments may be reduced by 20%.
- I understand that I may be prosecuted for fraud if my intentional misrepresentation causes an overpayment.
- I understand that if an administrative law judge finds I have committed an intentional program violation, my enrollment may be revoked.
- I acknowledge that the terms and conditions of this enrollment may be changed by notice to my last known address.
- I agree that if I default on a repayment agreement, future payments can be reduced by 20%.
- I understand that as part of my billing/reporting requirements:
 - I must maintain records showing the time of arrival and departure for each subsidy eligible child as certified by the parent/substitute parent on a daily basis, and must retain these records for four years.
 - I must report the following changes to the local DHS office within 10 calendar days of occurrence:
 - > a change in address
 - > a change in where care is provided
 - > if I stop providing care for any subsidy eligible child.
- I understand that this certification applies to any subsidy eligible children I care for, until my enrollment is revoked or terminated.

Provider Signature

Date

Provider return pages 1 and 2 to the local DHS office.

Payments made for child care services for subsidy eligible children are reported to the Internal Revenue Service.

The Department of Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.

AUTHORITY: PA 280 of 1939.

COMPLETION: Is Voluntary.

CONSEQUENCE FOR NONCOMPLETION: Applicant will not be enrolled to care for subsidy eligible children.

EXHIBIT C (Continued)

DHS-220

SECTION V

REQUIREMENTS TO BE A DHS-ENROLLED DAY CARE AIDE OR RELATIVE CARE PROVIDER

Common Requirements:

- You must be able to read and write.
- You must provide proof of your identity, age and Social Security Number.
- You must not have any physical impairment or other problem that would hinder you from giving adequate care and supervision to children.
- You will not be enrolled to care for subsidy eligible children if a background check shows you have been a perpetrator on a substantiated Children's Protective Service case.
- You will not be enrolled to care for subsidy eligible children if you report, or a background check determines, you have been convicted of certain crimes.
- You must know how and when to seek help from others, i.e. how to use the telephone, how to respond to emergency situations which might arise during the provision of care to children.
- You must not have family responsibilities or other obligations that would interfere with providing child care to children.
- You cannot receive subsidy payments for the care of any child for whom you are the parent/guardian or usual caretaker.
- You must not have had your child care center/group home license or family home registration revoked, and your license/registration must not be currently suspended.
- You must not care for more than six children (including your own children) at the same time.
- You must not care for more than two children (including your own children) under the age of 12 months at the same time.
- You must not charge the parent/substitute parent more than what you charge the general public.
- You must give the parents/substitute parents of the children in your care unlimited access to their children while they are in your care.
- As part of your billing/reporting requirements:
 - You must maintain permanent and accurate records of daily attendance showing the time of arrival and departure for each subsidy eligible child as certified by the parent/substitute parent on a daily basis. You must retain these records for four years.
 - You must report the following changes to the local DHS office within 10 calendar days of occurrence:
 - > a change in address
 - > a change in where care is provided
 - > if you stop providing care for any subsidy eligible child.

Specific Requirements for Day Care Aides:

- You must be at least 18 years of age during the time care is provided.
- You are employed and paid by the parent/substitute parent of the child(ren) for whom you provide care. The parent/substitute parent is the employer and is responsible for the employer's share of any employer's taxes that need to be paid, such as Federal Insurance Contributions Act (FICA) and Federal Unemployment Tax Act (FUTA) taxes.
- You may only bill for actual care provided (except for State of Michigan holidays and absences due to child's illness) in the home where the child lives.

Specific Requirements for Relative Care Providers:

- You must be at least 18 years of age during the time care is provided.
- You must be a grandparent/step-grandparent, great-grandparent/step-great-grandparent, aunt/step-aunt, uncle/step-uncle, or adult sibling/step-sibling of the child needing care and must not live in the same household as the child.
- You must report all adults (18 or older) living in your household, now and as long as you are a relative care provider. You must also report to the local DHS office any change to the adults living in your household.
- You will not be enrolled if a background check shows that any adult person living with you is a perpetrator on a substantiated Children's Protective Service case.
- You may only bill for actual care provided (except for State of Michigan holidays and absences due to the child's illness) in your home, not the home where the child lives.

Provider retain this page for your records.

EXHIBIT D

DHS-198



CHILD DEVELOPMENT AND CARE CERTIFICATE/NOTICE OF AUTHORIZATION State of Michigan Department of Human Services (DHS)

Case Name				
Grantee Client ID				
Case Number				
County	District	Section	Unit	Worker
Date			Provider I.D. No.	

NOTICE TO ALL PROVIDERS:

- Child Development and Care services are authorized or changed for the children listed below.
- If no hours are shown below, Child Development and Care services have not been authorized or have been canceled.
- Providers are responsible for submitting billing information.
- Providers must bill within 90 days after care is provided to receive payments (centers, homes, relative homes) or for the parent to receive a grant (aides).
- Care cannot be authorized or billed for vacation periods of the client, child or the provider.
- **You may bill only for care that was actually provided** except as otherwise explained in the Provider Handbook and Billing Instructions, DHS Pub-230.
- In no case will DHS grant more than 100 hours per pay period per child.

IMPORTANT:

- The client is responsible for payment of any amounts not paid by DHS.
- The grant may decrease or stop if the client's circumstances change or if the Department's policy changes and/or the client is no longer eligible for services.
- The grant amount the DHS will pay varies based on care authorized, hours of care provided, your charge for care, the DHS maximum reimbursement rate and the client's copay.

AUTHORIZATION INFORMATION:

CHILD'S NAME	CHILD ID NO.	DATE OF BIRTH	PAY PERIOD DATES		BIWEEKLY MAXIMUM	
			Begin	*End	Hours	Department Pay Percent (DP%)
						%
						%
						%
						%
						%
						%
Comments :						

*If there is all 99/99/9999 at the end of the pay period date, authorization will continue until you are mailed notification of an end date.

If benefits are overpaid for any reason, the extra benefits received will have to be repaid. If intentional misrepresentation caused the overissuance, the responsible party, including any adult in the program group or the group's authorized representative or provider of goods or services, may be prosecuted for fraud.

The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.

Family Independence Specialist	Local DHS Office	Phone Number
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EXHIBIT E

CHILD DEVELOPMENT AND CARE INTERNET BILLING/ATTENDANCE INVOICE

Michigan Department of Human Services CHILD DEVELOPMENT AND CARE BILLING/ATTENDANCE INVOICE MIPC Test Provider Test Case 235 S. Grand Lansing, MI 48933														THIS BOX FOR DHS USE ONLY 100248044 For each child, include fractions of units (hours) for individual days, round total units (hours) for pay period up to next whole unit. Include only absences for child's illness and State of Michigan holidays if charged for (See DHS Pub. 230, Child Day Care Provider Handbook). In "Charge For Care" box, enter the total amount rounded to the nearest whole dollar. Do <u>not</u> include a decimal point or cents.									
BILLING/ATTENDANCE PERIOD DATES 03/06/2005 TO 03/19/2005														PAY PERIOD # (ONE PER FORM) 506		PAGE 1							
Provider ID Number 1111111				SU	MO	TU	WD	TH	FR	SA	SU	MO	TU	WD	TH	FR	SA	TOTALS: UNITS (HOURS) BILLED/ CHARGE FOR CARE					
				6	7	8	9	10	11	12	13	14	15	16	17	18	19						
Child's Name TEST CHILD1					5.7	8.1	6.5	7.4	6.1			5.0	5.7	4.9	7.0	6.2		Child Care 63					
Child's ID Number 0000000001																	Absences / Holidays 0						
Case Number T0000001A																		Charge for Care \$ 210					
Child's Name TEST CHILD2					8.0	7.9	8.5	8.5	8.2			7.9	8.1	8.5	8.4	7.9		Child Care 82					
Child's ID Number 0000000002																	Absences / Holidays 0						
Case Number T0000001A																		Charge for Care \$ 210					
Child's Name TEST CHILD3																	Child Care 0						
Child's ID Number 0000000003																	Absences / Holidays 0						
Case Number T0000001A																		Charge for Care \$					
Child's Name TEST CHILD4																	Child Care 0						
Child's ID Number 0000000004																	Absences / Holidays 0						
Case Number T0000001A																		Charge for Care \$					
Child's Name TEST CHILD5																	Child Care 0						
Child's ID Number 0000000005																	Absences / Holidays 0						
Case Number T0000001A																		Charge for Care \$					
Child's Name TEST CHILD6																	Child Care 0						
Child's ID Number 0000000006																	Absences / Holidays 0						
Case Number T0000001A																		Charge for Care \$					
Child's Name TEST CHILD7																	Child Care 0						
Child's ID Number 0000000007																	Absences / Holidays 0						
Case Number T0000001A																		Charge for Care \$					

I certify that :

- the above billing information is true and accurate to the best of my knowledge based on available information.
- I am not charging the DHS more than I charge the general public.
- I keep permanent and accurate records for seven years of daily attendance of all children served.
- the parents of the children in care have unlimited access to their children while they are in my care.

I understand that I may be prosecuted for perjury or fraud if I intentionally leave out any information or give false information, which causes day care benefits to be issued that the client or myself are not entitled to or are greater than what the client or myself are entitled to.

AUTHORIZED PROVIDER SIGNATURE : _____

SUBMITTED VIA INTERNET

DATE : 3/28/2005 TIME : 10:39:30 AM

DHS-105 (Rev. 3-05) Previous edition may be used. PROVIDER COPY

EXHIBIT F

DHS-805/805A



CHILD DEVELOPMENT AND CARE BILLING/REPORTING RECORD

Michigan Department of Human Services

Read instructions on back before reporting.

Provider
ID Number

PAY PERIOD # (ONE PER FORM)												PAGE#	

BILLING/REPORTING PERIOD DATES
TO

Use this form when you call in your report at the end of the pay period.

DHS REPORTING PHONE 1-888-779-2775 (Touch-tone)
NUMBER: 1-888-826-1772 (Voice)

Keep this form for four years as a reporting record.

Write your confirmation number here: _____

															SU	MO	TU	WD	TH	FR	SA	SU	MO	TU	WD	TH	FR	SA	TOTAL		
Child's Name																													Child Care Hours		
Child ID #																										Child Ill/Holidays					
Case #																										Charge for Care					
																													\$		
Child's Name																													Child Care Hours		
Child ID #																										Child Ill/Holidays					
Case #																										Charge for Care					
																													\$		
Child's Name																													Child Care Hours		
Child ID #																										Child Ill/Holidays					
Case #																										Charge for Care					
																													\$		
Child's Name																													Child Care Hours		
Child ID #																										Child Ill/Holidays					
Case #																										Charge for Care					
																													\$		
Child's Name																													Child Care Hours		
Child ID #																										Child Ill/Holidays					
Case #																										Charge for Care					
																													\$		

I certify that: • the above reporting information is true and accurate to the best of my knowledge based on available information. • I am not charging the DHS more than I charge the general public. • I keep permanent and accurate records for four years, showing time of arrival and departure for each child on a daily basis. • The parents of the children in care have unlimited access to their children while they are in my care. • I understand that if benefits are overpaid for any reason, the extra benefits received will have to be repaid. If intentional misrepresentation caused the overpayment, the responsible party, including any adult in the program group or the group's authorized representative or provider of goods or services, may be prosecuted for fraud.

DATE: _____

AUTHORIZED PROVIDER SIGNATURE: _____

(SEE BACK FOR INSTRUCTIONS)

EXHIBIT F (Continued)

DHS-805/805A

INSTRUCTIONS: Complete all the information requested if it is not pre-printed.

PROVIDER NAME AND ADDRESS: Enter your name and address in the upper-left corner.

BILLING/REPORTING PERIOD DATES: Enter the first and last dates of the pay period the reporting covers. See Provider Handbook and Reporting Instructions for Child Care Providers, DHS Pub. 230, for pay period dates.

PAY PERIOD #: Enter the number of the pay period that corresponds to the reporting dates. (See DHS Pub. 230.) Use a separate DHS-805 or DHS-805A, Child Development and Care Billing/Reporting Record, for each pay period.

PAGE #: Enter the page number.

Provider ID Number: Enter the 7-digit number (not license number) assigned to the child care provider to be used when reporting to the Department, if not preprinted. (See DHS-198, Child Development and Care Certificate / Notice of Authorization.)

Confirmation Number: Enter the confirmation number you get at the end of your phone call when reporting billing information.

Child's Name: Enter the full name of each child for whom care has been authorized for the reporting period.

Child's ID #: Enter the child's eight-digit identification (ID) number. (See DHS-198.)

Case #: Enter the case number assigned to the child's family. (See DHS-198.)

Child Care Hours: In the box under each day that care was provided, enter the number of hours of care that were actually provided. Include tenths of hours. (Example: 3.5) **This may be more or less than the number of hours authorized on the DHS-198. Leave blank any days the child did not attend.**

Child Ill/Holidays: State of Michigan holidays and absences due to the child's illness can be reported if you charge the general public (all customers) for holiday or absences due to illness. See the Provider Handbook and Reporting Instructions for Child Care Providers, DHS Pub. 230. In the box under the day that the holiday or the absence occurred, enter the number of hours being reported. Include tenths of hours. (Example: 3.5) Do not enter more hours than the child normally would have been in care that day.

TOTALS:

Child Care Hours: In the boxes labeled "Child Care Hours," enter the total hours of care for this row for the two-week pay period. Round up if there is a part of an hour reflected in the total. (Example: 45.3 is rounded up to 46.) **You may only report care that was actually provided. This may be more or less than the number of hours authorized.**

Child Ill/Holidays: In the boxes labeled "Child Ill/Holidays," enter the total for this row for the two-week pay period. Round up if there is a part of an hour reflected in the total. (Example: 8.5 is rounded up to 9.)

Charge for Care: In the boxes labeled "Charge for Care," enter the total amount of your charge for care for this child for the two-week pay period. Round to the nearest dollar. No cents are to be entered, including zeros. (Example: Your charge for full time care is \$80.20 per week, and this child was in care full time for both weeks. Enter 160 in these boxes.)

AUTHORIZED PROVIDER SIGNATURE AND DATE: The person authorized to complete the DHS-805/805A signs and dates the form.

EXAMPLE:

		SU	MO	TU	WD	TH	FR	SA	SU	MO	TU	WD	TH	FR	SA	TOTAL	
Child's Name			1.5	4	6	9	5			7	8	3		1.8		Child Care Hours	
													8.5			Child Ill/Holidays	
Child ID #																9	
Case #																Charge for Care:	
																\$ 1 6 0	

At the end of the pay period, you must report child care hours and your charge for care using the Automated Billing for Child Care System (ABCs). Two options are available to you: telephone reporting or Internet reporting. For either option you will need to know the pay period number, your provider I.D. number, and your personal identification number (PiN) or Internet password. For Internet reporting instructions, go to www.michigan.gov/dhs, and click on Day Care, I-Billing. To use telephone reporting, call 1-888-779-2775 (touch tone) or 1-888-826-1772 (voice -- if you do not have touch-tone service).

For questions about telephone reporting, call 1-888-281-3172. For questions about Internet reporting or questions about payments, call 1-800-444-5364.

REPORTING OVER/UNDER PAYMENTS: To report corrections for underpayments or overpayments to a previously reported pay period, submit a corrected report entering the correct bi-weekly charge and the correct number of hours that should have originally been reported. DHS will calculate the difference between the corrected report and the original report.

For corrections that result in an underpayment, a supplemental payment will be issued for the amount of the underpayment. For corrections that result in an overpayment, DHS will mail a statement showing the overpayment balance.

NOTE: A common error when correcting a report for an underpayment is to enter only the additional hours or dollars. This error will result in an overpayment calculation.

FAMILIES ARE RESPONSIBLE FOR PAYMENT OF ANY AMOUNT NOT PAID BY DHS.

The Department of Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.

AUTHORITY: P.A. 280 of 1939.

RESPONSE: Mandatory.

PENALTY: Child Care Provider would not get paid.

EXHIBIT G

HOURLY RATES

MAXIMUM CDC HOURLY RATES WITH INCENTIVES

PROVIDER TYPE	DAY CARE CENTERS		FAMILY AND GROUP HOMES		RELATIVE CARE PROVIDERS		DAY CARE AIDES	
Shelter Area	Child's Age		Child's Age		Child's Age		Child's Age	
	0-2 1/2 Yr	2 1/2 Yr+	0-2 1/2 Yr	2 1/2 Yr+	0-2 1/2 Yr	2 1/2 Yr+	0-2 1/2 Yr	2 1/2 Yr+
I	\$2.25 + .25*	\$1.90	\$2.00 + .30*	\$2.00	\$1.88**	\$1.88	\$1.35**	\$1.35
II	\$2.60 + .40*	\$2.25	\$2.00 + .20*	\$2.00	\$1.88**	\$1.88	\$1.35**	\$1.35
III	\$2.50 + .15*	\$2.00	\$2.00 + .35*	\$2.00	\$1.88**	\$1.88	\$1.35**	\$1.35
IV	\$2.85 + .50*	\$2.25	\$2.00 + .30*	\$2.00	\$1.88**	\$1.88	\$1.60**	\$1.60
V	\$3.00 + .40*	\$2.25	\$2.25 + .40*	\$2.10	\$2.12**	\$1.97	\$1.60**	\$1.60
VI	\$2.95 + .85*	\$2.50	\$2.50 + .50*	\$2.50	\$2.35**	\$2.35	\$1.60**	\$1.60

* "Infant/Toddler Incentive" which is added to the lesser of the provider's charge or the DHS Maximum Rate.

** Trained Day Care Aides and Relative Care Providers receive an extra 25 cents per hour for care of children under 2 1/2 years. "Trained" means the provider completed 16 hours of basic child care training approved by the Michigan 4C Association, for which the provider was paid a \$150 incentive.

NOTE: To determine the biweekly payment amount, multiply the allowable hourly rate (the lesser of the DHS maximum rate or the provider's charge) by the number of hours of care provided (up to the maximum authorized) X the DP% in this order.

Infant/toddler incentives payments have been authorized by the Michigan Legislature at least through September 30, 2005.

EXHIBIT H

SHELTER AREAS

AREA I

02 Alger
07 Baraga
27 Gogebic
32 Huron
36 Iron
42 Keweenaw
48 Luce
54 Mecosta
55 Menominee
71 Presque Isle
77 Schoolcraft

AREA II

06 Arenac
17 Chippewa
21 Delta
31 Houghton
35 Iosco
43 Lake
51 Manistee
64 Oceana
66 Ontonagon
67 Osceola
68 Oscoda

AREA III

01 Alcona
10 Benzie
16 Cheboygan
20 Crawford
22 Dickinson
26 Gladwin
30 Hillsdale
38 Jackson
40 Kalkaska
49 Mackinac
53 Mason
57 Missaukee
59 Montcalm
61 Muskegon
62 Newaygo
65 Ogemaw
76 Sanilac
83 Wexford

AREA IV

03 Allegan
04 Alpena
05 Antrim
11 Berrien
12 Branch
13 Calhoun
14 Cass
15 Charlevoix
18 Clare
24 Emmet
29 Gratiot
34 Ionia
37 Isabella
52 Marquette
60 Montmorency
72 Roscommon
75 St. Joseph
78 Shiawassee
79 Tuscola
82 Wayne

AREA V

08 Barry
09 Bay
19 Clinton
23 Eaton
28 Grand Traverse
39 Kalamazoo
41 Kent
44 Lapeer
45 Leelanau
46 Lenawee
56 Midland
69 Otsego
70 Ottawa
73 Saginaw
80 Van Buren

AREA VI

25 Genesee
33 Ingham
47 Livingston
50 Macomb
58 Monroe
63 Oakland
74 St. Clair
81 Washtenaw

EXHIBIT I

CH-151

DEPARTMENT OF HUMAN SERVICES

CHILD DEVELOPMENT AND CARE

STATEMENT OF PAYMENTS

REPORT NUMBER CH-151

PAGE 001
PROV. PG 1 OF 1

ADC CHILD DAY CARE CENTER

1234 MAIN STREET
ANYTOWN MI 48910

VOUCHER NO: 01FI99999999

VOUCHER DATE: 08/30/2005

PROVIDER ID NO: 7654321

PAYMENT PERIOD: 08/07/2005 TO 08/20/2005

PAY PERIOD NO: 517

CHILD'S NAME	CHILD'S ID NO.	CASE NO.	WORKER	
	HOURS	CHARGE	NUMBER	
PAY PERIOD	AUTH BILL PAID	FOR CARE DP%	AMOUNT	ERROR DESCRIPTION
CLAVIN CONNIE	87654321	V1234567A	33000101	
08/07/05 - 08/20/05	100 100 100	\$250 95	\$237.50	
DOCUMENT NUMBER = 9999999999				
SMITH STEVEN	66554433	V3254176A	33000101	BILLING GREATER THAN
08/07/05 - 08/20/05	75 100 75	\$250 100	\$187.50	AUTH. HOURS NOT PAID = 25
DOCUMENT NUMBER = 9999999998				
WILLIAMS WENDY	75643120	V2154876A	33000102	NO AUTH - DHS WILL
08/07/05 - 08/20/05	00 40 00	000 00	000.00	REPROCESS. HOURS NOT
DOCUMENT NUMBER = 9999999997				
YOUNG JAMES	32416543	V2583697A	33000102	
07/24/05 - 08/06/05	75 70 70	\$140 80	\$112.00	LATE BILLING FOR PERIOD
DOCUMENT NUMBER = 9999999996				
08/07/05 - 08/20/05	75 70 70	\$140 80	\$112.00	516

GROSS TOTAL DHS PAY \$649.00
RECOUPMENT AMT 0.00
NET TOTAL DHS PAY \$649.00

EXHIBIT J

CH-151 ERROR NOTICE EXPLANATION

MESSAGE	EXPLANATION
Duplicate billing. Hours not paid: xx	More than one billing for the same child has been received. No payment for this child is being made for the duplicate billing. The hours not paid are indicated. You should verify accuracy of billing information and resubmit appropriate adjustment or late billing.
No auth-DHS will reprocess. Hours not paid: xx	The Department does not have an authorization on file for this child for the period billed. Check the information on the DHS-198 to be sure you have billed for the correct child. Unless your billing was incorrect, do not rebill . DHS will automatically reprocess this bill with the next payroll.
No auth - Please rebill Hours not paid: xx	<p>The original billing you submitted for this child for this pay period has completed the reprocessing cycle and there is still no authorization on file. If you still require payment for this child for this pay period you must submit a new bill.</p> <p>Important Note: Before you submit a new bill, advise the parent to contact their local DHS office regarding this issue.</p>
Billing Modified	During the 6 week reprocessing cycle, a new modified bill for this child has been received. The original billing for this child has been replaced by a new modified billing. The modified billing will be reprocessed by DHS for 6 weeks.
Billing Replaced	During the 6 week reprocessing cycle, a duplicate bill for this child has been received. The original billing for this child has been replaced by the new duplicate billing. The new billing will be reprocessed by DHS for 6 weeks.

EXHIBIT J (Continued)

CH-151 ERROR NOTICE EXPLANATION

MESSAGE	EXPLANATION
Billing greater than auth. Hours not paid: xx	The total number of hours billed is greater than the total number of hours authorized. The hours not paid are indicated. Check the DHS-198 and have the client contact the DHS worker for resolution if necessary.
Provider no longer active. Hours not paid: xx	You were not licensed to provide care for the period billed. Contact the Child Day Care Licensing Consultant for your facility if you have any questions regarding your license status.
Payment already made for this pay period. Hours not paid: xx	The pay period which is being billed has previously been billed and payment was made for the total number of hours authorized. Check previous Statement of Payments.
Billed Hours = zero Hours not paid: xx	No hours were entered for "Child Care Hours" for this pay period. Please submit again with hours entered.
Total Charge Invalid or missing	The biweekly Charge For Care was not entered. You should submit again with the biweekly Charge For Care entered.
Total Hours Billed exceeds DHS Max. Hours not paid: xx	The total hours billed for this child for this pay period from all providers has exceeded the maximum that DHS will pay. The parent is responsible for any hours that exceed the DHS maximum.
Recip. > Age 13, Except. Ind. = N	The child is 13 years old and no longer eligible for Child Day Care Services.
Billing too old to process Hours not paid = N	You billed more than 90 days after the end of the pay period. Or, if the authorization was entered after the end of the pay period, you billed more than 90 days after the authorization was entered.

EXHIBIT K

STATE OF MICHIGAN HOLIDAYS

These are the only holidays for which child day care may be paid. Please see page 8 of this handbook for more information.

NOTE: DHS will not pay, and you must not report, for absences due to "no shows" or vacations of the child, parent or child care provider or to "hold a spot" for a child.

HOLIDAYS	2005	2006
NEW YEAR'S DAY	JANUARY 1	JANUARY 1
MARTIN LUTHER KING JR. DAY	JANUARY 17	JANUARY 16
PRESIDENTS' DAY	FEBRUARY 21	FEBRUARY 20
MEMORIAL DAY	MAY 30	MAY 29
INDEPENDENCE DAY	JULY 4	JULY 4
LABOR DAY	SEPTEMBER 5	SEPTEMBER 4
VETERANS DAY	NOVEMBER 11	NOVEMBER 11
THANKSGIVING DAY	NOVEMBER 24	NOVEMBER 23
DAY AFTER THANKSGIVING	NOVEMBER 25	NOVEMBER 24
CHRISTMAS EVE	DECEMBER 24	DECEMBER 24
CHRISTMAS DAY	DECEMBER 25	DECEMBER 25
NEW YEAR'S EVE	DECEMBER 31	DECEMBER 31

EXHIBIT L

2004 CDC PAYMENT SCHEDULE

Pay Period Dates	Pay Period Number	Reporting Deadline Date	Tentative Check/EFT Date*
12/28/03 - 01/10/04	401	01/15/04	01/23/04
01/11/04 - 01/24/04	402	01/29/04	02/05/04
01/25/04 - 02/07/04	403	02/12/04	02/20/04
02/08/04 - 02/21/04	404	02/26/04	03/04/04
02/22/04 - 03/06/04	405	03/11/04	03/18/04
03/07/04 - 03/20/04	406	03/25/04	04/01/04
03/21/04 - 04/03/04	407	04/08/04	04/15/04
04/04/04 - 04/17/04	408	04/22/04	04/29/04
04/18/04 - 05/01/04	409	05/06/04	05/13/04
05/02/04 - 05/15/04	410	05/20/04	05/27/04
05/16/04 - 05/29/04	411	06/03/04	06/10/04
05/30/04 - 06/12/04	412	06/17/04	06/24/04
06/13/04 - 06/26/04	413	07/01/04	07/09/04
06/27/04 - 07/10/04	414	07/15/04	07/22/04
07/11/04 - 07/24/04	415	07/29/04	08/05/04
07/25/04 - 08/07/04	416	08/12/04	08/19/04
08/08/04 - 08/21/04	417	08/26/04	09/02/04
08/22/04 - 09/04/04	418	09/09/04	09/16/04
09/05/04 - 09/18/04	419	09/23/04	09/30/04
09/19/04 - 10/02/04	420	10/07/04	10/14/04
10/03/04 - 10/16/04	421	10/21/04	10/28/04
10/17/04 - 10/30/04	422	11/04/04	11/11/04
10/31/04 - 11/13/04	423	11/18/04	11/25/04
11/14/04 - 11/27/04	424	12/02/04	12/09/04
11/28/04 - 12/11/04	425	12/16/04	12/23/04
12/12/04 - 12/25/04	426	12/29/04	01/06/05
12/26/04 - 01/08/05	501	01/13/05	01/20/05

*These are the earliest dates you should expect to receive payment for each pay period just ended. Problems in processing reports, incorrect addresses, missing or wrong information, or other unforeseen situations or events may cause receipt of payments to occur later than on these Tentative Check/EFT Dates. Delays in payments should be expected during holiday periods (such as around Thanksgiving, Christmas and New Year's Day) when state offices and post offices are closed.

EXHIBIT L (Continued)

2005 CDC PAYMENT SCHEDULE

Pay Period Dates	Pay Period Number	Reporting Deadline Date	Tentative Check/EFT Date*
12/26/04 - 01/08/05	501	01/13/05	01/21/05
01/09/05 - 01/22/05	502	01/27/05	02/03/05
01/23/05 - 02/05/05	503	02/10/05	02/17/05
02/06/05 - 02/19/05	504	02/24/05	03/03/05
02/20/05 - 03/05/05	505	03/10/05	03/17/05
03/06/05 - 03/19/05	506	03/24/05	03/31/05
03/20/05 - 04/02/05	507	04/07/05	04/14/05
04/03/05 - 04/16/05	508	04/21/05	04/28/05
04/17/05 - 04/30/05	509	05/05/05	05/12/05
05/01/05 - 05/14/05	510	05/19/05	05/26/05
05/15/05 - 05/28/05	511	06/02/05	06/09/05
05/29/05 - 06/11/05	512	06/16/05	06/23/05
06/12/05 - 06/25/05	513	06/30/05	07/08/05
06/26/05 - 07/09/05	514	07/14/05	07/21/05
07/10/05 - 07/23/05	515	07/28/05	08/04/05
07/24/05 - 08/06/05	516	08/11/05	08/18/05
08/07/05 - 08/20/05	517	08/25/05	09/01/05
08/21/05 - 09/03/05	518	09/08/05	09/15/05
09/04/05 - 09/17/05	519	09/22/05	09/29/05
09/18/05 - 10/01/05	520	10/06/05	10/13/05
10/02/05 - 10/15/05	521	10/20/05	10/27/05
10/16/05 - 10/29/05	522	11/03/05	11/10/05
10/30/05 - 11/12/05	523	11/17/05	11/25/05 (EFT 11/28/05)
11/13/05 - 11/26/05	524	12/01/05	12/08/05
11/27/05 - 12/10/05	525	12/15/05	12/22/05
12/11/05 - 12/24/05	526	12/28/05	01/06/06
12/25/05 - 01/07/06	601	01/12/06	01/20/06

*These are the earliest dates you should expect to receive payment for each pay period just ended. Problems in processing reports, incorrect addresses, missing or wrong information, or other unforeseen situations or events may cause receipt of payments to occur later than on these Tentative Check/EFT Dates. Delays in payments should be expected during holiday periods (such as around Thanksgiving, Christmas and New Year's Day) when state offices and post offices are closed.

EXHIBIT L (Continued)

2006 CDC PAYMENT SCHEDULE

Pay Period Dates	Pay Period Number	Reporting Deadline Date	Tentative Check/EFT Date*
12/25/05 - 01/07/06	601	01/12/06	01/20/06
01/08/06 - 01/21/06	602	01/26/06	02/02/06
01/22/06 - 02/04/06	603	02/09/06	02/16/06
02/05/06 - 02/18/06	604	02/23/06	03/02/06
02/19/06 - 03/04/06	605	03/09/06	03/16/06
03/05/06 - 03/18/06	606	03/23/06	03/30/06
03/19/06 - 04/01/06	607	04/06/06	04/13/06
04/02/06 - 04/15/06	608	04/20/06	04/27/06
04/16/06 - 04/29/06	609	05/04/06	05/11/06
04/30/06 - 05/13/06	610	05/18/06	05/25/06
05/14/06 - 05/27/06	611	06/01/06	06/08/06
05/28/06 - 06/10/06	612	06/15/06	06/22/06
06/11/06 - 06/24/06	613	06/29/06	07/07/06
06/25/06 - 07/08/06	614	07/13/06	07/20/06
07/09/06 - 07/22/06	615	07/27/06	08/03/06
07/23/06 - 08/05/06	616	08/10/06	08/17/06
08/06/06 - 08/19/06	617	08/24/06	08/31/06
08/20/06 - 09/02/06	618	09/07/06	09/14/06
09/03/06 - 09/16/06	619	09/21/06	09/28/06
09/17/06 - 09/30/06	620	10/05/06	10/12/06
10/01/06 - 10/14/06	621	10/19/06	10/26/06
10/15/06 - 10/28/06	622	11/02/06	11/09/06
10/29/06 - 11/11/06	623	11/16/06	1/24/06 (EFT 11/27/06)
11/12/06 - 11/25/06	624	11/30/06	12/07/06
11/26/06 - 12/09/06	625	12/14/06	12/21/06
12/10/06 - 12/23/06	626	12/27/06	01/04/07

*These are the earliest dates you should expect to receive payment for each pay period just ended. Problems in processing reports, incorrect addresses, missing or wrong information, or other unforeseen situations or events may cause receipt of payments to occur later than on these Tentative Check/EFT Dates. Delays in payments should be expected during holiday periods (such as around Thanksgiving, Christmas and New Year's Day) when state offices and post offices are closed.

EXHIBIT M

PROVIDER'S CHILD CARE DAILY ATTENDANCE RECORD

SECTION I – ATTENDANCE

Record the daily care begin time, the daily care end time, and the total hours of attendance for each child in your care. **Keep this form for your records.** A daily attendance record must be retained for at least **four years** for auditing purposes.

		Child's Name				Age	Child's Name				Age	Child's Name				Age
Day	Date	Care Begin Time	Care End Time	Total Hours	Parent Initial		Care Begin Time	Care End Time	Total Hours	Parent Initial		Care Begin Time	Care End Time	Total Hours	Parent Initial	
Sun																
Mon																
Tues																
Wed																
Thur																
Fri																
Sat																
Sun																
Mon																
Tues																
Wed																
Thur																
Fri																
Sat																
		Child's Biweekly Total:					Child's Biweekly Total:					Child's Biweekly Total:				
		Parent's Signature				Date	Parent's Signature				Date	Parent's Signature				Date

SECTION II – PROVIDER NOTES

SECTION III – CERTIFICATION

I certify that the above daily attendance record is true and correct.

Child Care Provider's Signature	Date	Keep this form for your records for at least four years. This sample may be copied as necessary
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EXHIBIT M

PROVIDER'S CHILD CARE DAILY ATTENDANCE RECORD

SECTION I – ATTENDANCE

Record the daily care begin time, the daily care end time, and the total hours of attendance for each child in your care. **Keep this form for your records.** A daily attendance record must be retained for at least **four years** for auditing purposes.

		Child's Name				Age	Child's Name				Age	Child's Name				Age
Day	Date	Care Begin Time	Care End Time	Total Hours	Parent Initial		Care Begin Time	Care End Time	Total Hours	Parent Initial		Care Begin Time	Care End Time	Total Hours	Parent Initial	
Sun																
Mon																
Tues																
Wed																
Thur																
Fri																
Sat																
Sun																
Mon																
Tues																
Wed																
Thur																
Fri																
Sat																
		Child's Biweekly Total:					Child's Biweekly Total:					Child's Biweekly Total:				
		Parent's Signature				Date	Parent's Signature				Date	Parent's Signature				Date

SECTION II – PROVIDER NOTES

SECTION III – CERTIFICATION

I certify that the above daily attendance record is true and correct.

Child Care Provider's Signature	Date	Keep this form for your records for at least four years. This sample may be copied as necessary.
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STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
CHILD DEVELOPMENT AND CARE
235 S GRAND AVE
PO BOX 30037
LANSING MI 48909



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P.O. BOX 30037
LANSING, MICHIGAN 48909

QUANTITY: 150,000
COST: \$78,429.49 (\$.52 each)
AUTHORITY: DHS Director

DHS Publication 230 (Rev. 4-05)

(Previous edition obsolete.)

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